

2005 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 17, 2006.**Type or print in blue or black ink. Print numbers like this: *0123456789* - NOT like this: *0147*

PLACE LABEL HERE	▶ 1. Filer's First Name		M.I.	Last Name		▶ 2. Filer's Social Security No. (Example: 123-45-6789)
	If a Joint Return, Spouse's First Name		M.I.	Last Name		
	Home Address (No., Street, P.O. Box or Rural Route)					▶ 3. Spouse's Social Security No. (Example: 123-45-6789)
	City or Town					
				State	ZIP Code	▶ 4. School District Code (5 digits - see p. 45)

**MILITARY FAMILY RELIEF FUND
CHILDREN'S TRUST FUND**

You may contribute to the Military Family Relief Fund and the Children's Trust Fund on line 29 and 30 of this form.

▶ 5. STATE CAMPAIGN FUND

Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.

	Yes	No
a. You	<input type="checkbox"/>	<input type="checkbox"/>
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>

▶ 6. FARMERS, FISHERMEN OR SEAFARERS☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.**▶ 7. FILING STATUS.** Check one.

- a. ☐ Single
- b. ☐ Married, filing jointly
- c. ☐ Married, filing separately*

*If you check box "c," complete line 3 and enter spouse's name below:

▶ 8. RESIDENCY. Check all that apply.

- a. ☐ Resident
- b. ☐ Nonresident*
- c. ☐ Part-Year Resident*
- * If you check box "b" or "c," you must complete and attach Schedule NR.

▶ 9. EXEMPTIONS

a. Number of exemptions you claimed on your 2005 federal return	▶ 9a.	<input type="text"/>	x \$3,200	<input type="text"/>	<input type="text"/>
b. Number of individuals 65 or older who qualify for a special exemption	▶ 9b.	<input type="text"/>	x \$2,000	<input type="text"/>	<input type="text"/>
c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c.	<input type="text"/>	x \$2,000	<input type="text"/>	<input type="text"/>
d. Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d.	<input type="text"/>	x \$600	<input type="text"/>	<input type="text"/>
e. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,000	▶ 9e.	<input type="checkbox"/> (✓)	\$2,000	<input type="text"/>	<input type="text"/>
f. If someone else can claim you as a dependent, check the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet	▶ 9f.	<input type="checkbox"/> (✓)		<input type="text"/>	<input type="text"/>
g. Add lines 9a, 9b, 9c, 9d, 9e, and 9f. Enter here and on line 15	9g.				<input type="text"/>

10. Adjusted gross income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see p. 10)	▶ 10.	<input type="text"/>	<input type="text"/>
11. Additions from MI-1040 Schedule 1, line 7	▶ 11.	<input type="text"/>	<input type="text"/>
12. Total. Add lines 10 and 11	12.	<input type="text"/>	<input type="text"/>
13. Subtractions from MI-1040 Schedule 1, line 20	▶ 13.	<input type="text"/>	<input type="text"/>
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	<input type="text"/>	<input type="text"/>
15. Exemption allowance. Enter the amount from line 9g or Schedule NR, line 20	▶ 15.	<input type="text"/>	<input type="text"/>
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	<input type="text"/>	<input type="text"/>
17. Tax. Multiply line 16 by 3.9% (.039). Enter here and carry amount to line 18	17.	<input type="text"/>	<input type="text"/>

**DIRECT DEPOSIT**Deposit your refund directly into
your bank account! See pg. 13
and complete a, b and c.a. Routing
Number ▶c. Account
Number ▶b. Account ▶ (1) ☐ Checking (2) ☐ Savings
Type:

Filer's Social Security Number

18. Enter amount of tax from line 17

18. 00

NONREFUNDABLE CREDITS

19. Income tax paid to Michigan cities (see p.10) ▶ 19a.

19b. 00

20. Public contributions (see p. 10) ▶ 20a.

20b. 00

21. Community foundations. Enter code from p. 44 ▶ 21a.

21b. 00

22. Homeless Shelter/Food Bank cash contributions (see p. 11) ... ▶ 22a.

22b. 00

23. Income tax paid to another state. Attach a copy of the return 23a.

▶ 23b. 00

24. Michigan Historic Preservation Tax Credit. Attach Form 3581.. ▶ 24a.

▶ 24b. 00

25. College Tuition and Fees Credit. Attach Schedule CT

▶ 25. 00

26. Vehicle Donation Credit. Enter code from p. 12 ▶ 26a.

26b. 00

27. Total nonrefundable credits. Add lines 19b, 20b, 21b, 22b, 23b, 24b, 25 and 26b 27. 00

28. Income tax. Subtract line 27 from line 18. If line 27 is greater than line 18, enter "0" ▶ 28. 00

29. Military Family Relief Fund. Enter your contribution amount (\$1 minimum) here ▶ 29. 00

30. Children's Trust Fund. Enter your contribution amount (\$5 minimum) here ▶ 30. 00

31. Use Tax. ▶ a. ☐ No use tax due ▶ b. ☐ Use tax due. Enter amount from Worksheet 1, line 3, p. 9 ▶ 31. 00

32. Add lines 28, 29, 30 and 31..... 32. 00

REFUNDABLE CREDITS AND PAYMENTS

33. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 ▶ 33. 00

34. Farmland Preservation Credit. Attach MI-1040CR-5 ▶ 34. 00

35. Qualified Adoption Expenses. Attach U.S. 8839 and MI-8839..... ▶ 35. 00

36. Michigan tax withheld from Schedule W, line 3. Attach Schedule W ▶ 36. 00

37. Estimated tax, extension payments and 2004 credit forward..... ▶ 37. 00

38. Total refundable credits and payments. Add lines 33 through 37 38. 00

REFUND OR TAX DUE39. If line 38 is less than line 32, enter TAX DUE ▶ Office Use Only **PAY ▶ 39.** 00

Include interest _____ and penalty _____ if applicable (see p. 13)

40. If line 38 is greater than line 32, subtract line 32 from line 38. You overpaid this amount 40. 00

41. Amount of line 40 to be credited to your 2006 estimated tax..... ▶ 41. 00

42. Subtract line 41 from line 40 **REFUND ▶ 42.** 00**Deceased Taxpayers.** If Filer and/or Spouse died after December 31, 2004, check the appropriate box below.▶ ☐ Filer is Deceased▶ ☐ Spouse is Deceased**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

Spouse's Signature

Date

▶ I authorize Treasury to discuss my return with my preparer.

☐ Yes☐ No**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

▶ Preparer's PTIN, FEIN or SSN

▶ Preparer's Business Name (print or type)

Preparer's Business Address (print or type)

Refund, Credit or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956****Pay amount on line 39.** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make checks payable to "State of Michigan." Print your Social Security number and "2005 income tax" on the front of your check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years.